Flathead County Detention Center Registration – Pastoral Visit

Date:							
FCDC use: [E	Booking#:]				
Detainee's Na	ame:						
Clergy / Layw	orker Name (printe	d): _					
Address:							
	Street			City		State	Zip
Phone:							
Any additiona	I relationship or aff	iliatio	n with/to detaine	ee:			
1.							
3							
	7:00 p.n	irst-c n. n.		•		-	
PROVIDE RE	AT THE SOLE PUI ELIGIOUS MINISTI AINEE OTHER TH	ERIN	IG. I HAVE NO	OTHER RELA			
Ву:							
	Signatui	re					
*******	**************************************	EMS	WILL BE ACCE	EPTED FOR TH	E INMATE	**********	*****
		Kathy Frame, Detention Commander Monday through Friday, 9:00 a.m. to 5:00 p.m.					
Office Use:	Time Assigned:			Roo	om#:		